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CONFIRMATION NO. 1770

<b>SERIAL NUMBER</b> 10/822,182	<b>FILING OR 371(c) DATE</b> 04/09/2004 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1732	<b>ATTORNEY DOCKET NO.</b> 10527-003008
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## APPLICANTS

Robert N. Hamlin, Stillwater, MN; ✓ JW

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/557,473 04/24/2000 ABN which is a CON of 08/907,170 08/06/1997 PAT 6,132,824 which is a DIV of 08/692,314 08/05/1996 ABN ✓  
which is a CON of 08/415,094 03/31/1995 ABN ✓  
which is a CON of 08/105,353 08/10/1993 ABN ✓  
which is a DIV of 07/727,664 07/09/1991 PAT 5,270,086 ✓  
which is a CIP of 07/411,649 09/25/1989 ABN ✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

26161

## TITLE

Multilayer catheter balloon

<b>FILING FEE RECEIVED</b> 946	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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